

Case Number:	CM15-0037314		
Date Assigned:	03/05/2015	Date of Injury:	07/28/2010
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female who sustained an industrial injury on July 28, 2010 on a continuous trauma basis. She has reported neck pain, right shoulder pain, bilateral wrist pain, and low back pain. Diagnoses include cervical degenerative joint disease/herniated nucleus pulposus C5-6 with radiculopathy, status post anterior cervical discectomy and fusion, right shoulder impingement syndrome with posttraumatic arthritis of the acromioclavicular joint status post arthroscopic subacromial decompression and partial distal claviclectomy of the right shoulder, bilateral wrist carpal tunnel syndrome, lumbar degenerative disc disease with herniated nucleus pulposus and radiculopathy, status post lumbar spinal fusion, right knee lateral meniscus tear, bilateral ankle overuse syndrome, status post partial medial and lateral meniscectomy right knee, anxiety and depression, and insomnia Treatment has included medications, physical therapy, epidural steroid injections, and surgery. It was noted that the injured worker was not working and was on social security disability; she last worked in August 2010. An Agreed Medical Evaluation from December 30, 2014 indicates that the injured worker was prescribed norco, Prilosec, and Xanax since 2012. In October 2014, the treating physician documented that the injured worker's activities of daily living were limited by pain. Examination showed tenderness and spasm of the neck and lumbar spine with decreased range of motion, decreased strength in the right upper extremity and bilateral lower extremities, normal sensory examination, right knee effusion and tenderness. At a visit on 1/26/15, the injured worker complains of severe neck pain, severe right shoulder pain, moderate bilateral wrist pain, severe low back pain and mild right knee pain. Medications included norco, ibuprofen, Xanax, and

Prilosec. The treatment plan included medications and a urine drug screen. Urine drug screen on 1/26/15 was negative for hydrocodone and alprazolam, two prescribed medications. On 2/27/15, Utilization Review (UR) non-certified requests for Xanax 1 mg #60, norco 10/325mg #30, Prilosec 20 mg #90, 1 urine drug screen, and 1 X-force solar care unit, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines p. 24, muscle relaxants p. 66 Page(s): 24, 66.

Decision rationale: Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The documentation shows that the injured worker had muscle spasms, anxiety, and insomnia, but there was no discussion of the specific indication for xanax. Xanax has been prescribed since 2012. There was no documentation of functional improvement as a result of use of xanax. The injured worker was not working, activities of daily living were noted to be limited by pain, there was no documentation of decrease in medication use, and office visits continued at the same frequency. Urine drug screen on 1/26/15 was negative for alprazolam, which can be indicative of diversion. Due to duration of use in excess of the guidelines and lack of functional improvement, the request for xanax is not medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Norco has been prescribed since 2012. There was no documentation of an opioid contract. The injured worker was not working. One urine drug screen was submitted and was not consistent with

prescribed medication. The injured worker had chronic back pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. There was no documentation of functional improvement as a result of use of norco. The injured worker was not working, activities of daily living were noted to be limited by pain, there was no documentation of decrease in medication use, and office visits continued at the same frequency. Urine drug screen on 1/26/15 was negative for hydrocodone, which can be indicative of diversion. The urine drug screen was performed on the date of an office visit, not as a random collection as recommended by the guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The injured worker has been prescribed ibuprofen, a nonsteroidal anti-inflammatory agent (NSAID), and prilosec, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. Prilosec has been prescribed since 2012. There was no documentation of any of the GI risk factors noted above, and no reports of GI signs or symptoms. No abdominal examination was documented. Due to lack of indication and risk of toxicity, the request for prilosec is not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction / aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. In this case, opioids have been prescribed for at least two years. There was no documentation of risk stratification for addiction/aberrant behavior. Only one urine drug screen was present in the documentation submitted. It was performed on the date of an office visit, rather than a random collection as recommended by the guidelines. Results were inconsistent with prescribed medication. The associated opioid, norco, has been determined to be not medically necessary. Due to lack of risk stratification which would be necessary to determine frequency of testing, and the lack of medical necessity of the associated opioid, the request for 1 urine drug screen is not medically necessary.

1 X-Force Solar Care Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines transcutaneous electrotherapy p. 114-117 Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: heat therapy.

Decision rationale: An X-force stimulator unit is a proprietary device that delivers electrical impulses to a joint; it is a dual modality unit offering transcutaneous electrical joint stimulation

(TEJS) and transcutaneous electrical nerve stimulation (TENS) functions. The X-force stimulator may be worn in combination with the Solar Care Heating System. The treating physician did not describe the nature of this device. No physician reports address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. Per the ACOEM low back chapter, at-home applications of heat or cold may be used for symptom control for low back complaints. Per the ODG, heat therapy is recommended as an option for treating low back pain. Both the MTUS and ODG recommend at-home local applications of cold packs in the first few days of acute complaint and thereafter applications of heat packs or cold packs. There is no recommendation for any specific device in order to accomplish this. There was lack of documentation to indicate the frequency of use of the device, and no end point to use was specified. In addition, there was no documentation as to why at-home application of hot or cold packs would be insufficient. Due to lack of indication, lack of sufficiently specific prescription which did not include frequency or duration of use or the site of application, and lack of a treatment plan focused on functional restoration, the request for 1 X-force solare care unit is not medically necessary.